



COLORADO

Department of Health Care
Policy & Financing

Drug Utilization Review Board
Health First Colorado, Colorado's Medicaid program

MEETING AGENDA

November 4, 2025

Open Session 1:00 pm to 5:00 pm

Zoom Link will be posted prior to the meeting at

<https://www.colorado.gov/pacific/hcpf/drug-utilization-review-board>

DUR Board Members

Liza Claus, PharmD (Chair)
Brian Jackson, MD, MA (Vice Chair)
Marshal Ash, DO
Todd Brubaker, DO
Stephanie Cho, PharmD
Shilpa Klocke, PharmD
Kenneth MacIntyre, DO
Ingrid Pan, PharmD

DUR Team

Jeffrey Taylor, PharmD (HCPF)
Julia Rawlings, PharmD (CO-DUR)
Robert L Page II, PharmD, MSPH (CO-DUR)
Gina Moore, PharmD, MBA (CO-DUR)
Heather Anderson, PhD (CO-DUR)
Garth Wright, MPH (CO-DUR)
Mouna Dardouri, PharmD, MPH, PhD student (CO-DUR)

1. Call to Order
2. Roll Call and Introductions
3. Virtual Meeting Information and General Announcements
4. Colorado Department of Health Care Policy and Financing Updates
5. Final Approval of Minutes from the August 12, 2025 Meeting
6. Reading of Rules for Public Testimony and Disclosure of Conflicts of Interest

Presentations:

- Agenda items must be approved in advance, including requests to present information. Please contact DUR Pharmacist Jeffrey Taylor at jeffrey.taylor@state.co.us
- Anyone wishing to provide testimony must contact the DUR Pharmacist at least 24 hours prior to the start of the meeting

7. Clinical Updates and General Orders

- a. FDA Drug Safety Communications Report
- b. FDA New Approvals Report
- c. Quarterly Clinical Module Summary
- d. Retrospective DUR Reports
- e. Quarterly Drug Utilization Reports

8. New Business (open for public testimony and DUR Board review)

A. Proposed Coverage Criteria for Preferred Drug List (PDL) Drug Classes

(Current PDL available for reference at <https://hcpf.colorado.gov/pharmacy-resources#PDL>)

Full Review Drug Classes

- Epinephrine Products
- Hepatitis C Virus Treatments
- Human Immunodeficiency Virus (HIV) Treatments
- Immune Globulins
- Newer Hereditary Angioedema (HAE) Products
- Respiratory Agents
 - Inhaled β_2 Agonists (short-acting and long-acting)
 - Inhaled Anticholinergics and Combinations
 - Inhaled Corticosteroids and Combinations
- Targeted Immune Modulators

Mass Review Drug Classes*

- Inhaled Antibiotics
- Antiherpetic Agents - Oral and Topical
- Antihistamine/Decongestant Combinations
- Oral Fluoroquinolones
- Intranasal Rhinitis Agents
- Leukotriene Modifiers
- Methotrexate Products
- Newer Generation Antihistamines
- Phosphodiesterase Inhibitors

**Proposed criteria for drug classes designated for mass review will not be read aloud at the time of DUR Board review, as there are no proposed changes to criteria currently implemented for these designated classes. The DUR Board may determine if designated mass review drug classes will undergo full review, based on board vote.*

B. Proposed Criteria Changes for Designated PDL Non-Preferred Products Not Undergoing Full PDL Drug Class Review

(Current PDL available for reference at <https://hcpf.colorado.gov/pharmacy-resources#PDL>)

- Review of Proposed Changes to Zepbound (tirzepatide) Non-Preferred Drug Criteria
- Review of Proposed Changes to Continuation of Therapy Criteria for GLP-1 Analogue Non-Preferred Drugs

C. Proposed Coverage Criteria for Non-PDL Products

(Current coverage criteria for non-PDL products for the pharmacy benefit can be referenced on Appendix P at <https://hcpf.colorado.gov/pharmacyresources#PDL>. Products listed below that are undergoing initial review of newly proposed criteria will not be listed on the posted Appendix P document until such time that newly proposed criteria undergo review and finalization)

- Kerendia (finerenone)
- Brinsupri (brensocatic)
- Wayrilz (rilzabrutinib)
- Blujepa (gepotidacin)
- Orlynvah (sulopenem etzadroxil/probenecid)

- Targeted Immune Modulators IV and Physician-Administered Product Formulations Containing: Abatacept, Certolizumab, Golimumab, Infliximab, Mepolizumab, Mirikizumab, Omalizumab, Risankizumab, Rituximab, Secukinumab, Spesolimab, Tocilizumab, Ustekinumab, Vedolizumab
- Clemsza (clemastine)
- Ertaczo (sertaconazole nitrate)

D. Medical Benefit Only Review: Proposed Coverage Criteria for PAD Products Managed Under the Medical Benefit

(Current coverage criteria for PAD products managed under the medical benefit can be referenced on Appendix Y at <https://hcpf.colorado.gov/physician-administered-drugs>. Products listed below that are undergoing initial review of newly proposed criteria will not be listed on the posted Appendix Y document until such time that the newly proposed criteria undergo review and finalization)

- Neupogen (filgrastim) and Filgrastim-Containing Biosimilar Products
- Neulasta (pegfilgrastim) and Pegfilgrastim-Containing Biosimilar Products
- Lucentis (ranibizumab) and Ranibizumab-Containing Biosimilar Products
- Rituxan (rituximab), Rituxan Hycela (rituximab/hyaluronidase), and Rituximab-Containing Biosimilar Products

9. Adjournment

Reasonable accommodations will be provided upon request. Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Please notify the 504/ADA Coordinator or send an email to hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.